

Exhibit

" F "

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

HEALTH CARE SERVICES REQUEST FORM
CDCR 7362 (Rev. 03/19)

Page 2 of 2

PART I: TO BE COMPLETED BY THE PATIENT

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☒NAME Adom CDCR NUMBER 728813 HOUSING 07-122PATIENT SIGNATURE [Signature] DATE 10-09-21REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe your health problem and how long you have had the problem) Recurring chronic spinal pain. Have not been able to obtain "FREE" NSAIDS from canteen due to lock-down. I requesting prescribed "AS NEEDED" pain management from D-Yard medical (SEE U.H.R.)

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

HEALTH CARE SERVICES REQUEST FORM

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PART I: TO BE COMPLETED BY THE PATIENT

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐NAME Adem, Bilal CDCR NUMBER T 28813 HOUSING D7-122PATIENT SIGNATURE [Signature] DATE 09/17/21

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe your health problem and how long you have had the problem) I am unable to consistently control my weight, particularly my weight at night. I've been using partial towels and plastic trash bags as diapers at night, while tying tissue and plastic around my private areas during the daytime. I'm being unnecessarily humiliated and dehumanized. Please provide reasonable accommodations!

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

X

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

HEALTH CARE SERVICES REQUEST FORM

CDCR 7362 (Rev. 03/19)

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PART I: TO BE COMPLETED BY THE PATIENT

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐NAME Adem, Bilal CDCR NUMBER 728813 HOUSING D7-122PATIENT SIGNATURE [Signature] DATE 09/13/21

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe your health problem and how long you have had the problem)

I have run out of diapers (incontinent supplies)
I used my last diapers. I didn't get my supplies on
Friday (09/10) THX!

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

Exhibit

" G "

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

REASONABLE ACCOMMODATION REQUEST

CDCR 182 (Rev. 09/17)

Page 1 of 1

INSTITUTION (Staff use only) SVSP	LOG NUMBER (Staff Use Only) 21-781	DATE RECEIVED BY STAFF: SEP 24 2021 HCGC RECEIVED SEP 27 2021
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC		
INMATE'S NAME (Print) Adony Bilal	CDCR NUMBER T28813	ASSIGNMENT J.W. Porter
HOUSING D7-122		
INSTRUCTIONS: <ul style="list-style-type: none"> You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability. You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination. Submit this form to the Custody Appeals Office. The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review. The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response. If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision). 		
WHAT CAN'T YOU DO / WHAT IS THE PROBLEM? I can't completely control my urine, and there are times when I find stool in my diapers. I've worn diapers for a few months, and I received supplies weekly. Last week, my supplies were not issued and I am soiling my linen, and unable to get new linen or diapers.		
WHY CAN'T YOU DO IT? Medical has not responded to my 7362. And I've not been sent weekly to laundry to exchange my soiled linen. See U.H.R.		
WHAT DO YOU NEED? nly weekly supply of diapers, and access weekly, or when needed, to laundry to exchange soiled linen, is not being afforded to me. If my incontinent supplies are not provided, I'm requesting to be provided with tubs. See U.H.R. Also requesting to be provided with tubs and plastic around my private areas. I'm also requesting sanitation wipers and access to linen exchange when. (Use the back of this form if more space is needed)		
DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> List and attach documents, if available: See U.H.R. / ADA Nurse		
I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.		
INMATE'S SIGNATURE [Signature]		DATE SIGNED 09/18/21
Assistance in completing this form was provided by:		
Last Name	First Name	Signature

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE
CDCR 602 HC (Rev. 10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
Page 1 of 2

STAFF USE ONLY	Expedited? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tracking #:
Staff Name and Title (Print):	Signature:	Date:

If you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, use Section A of the CDCR 602 HC A Health Care Grievance Attachment. Only one CDCR 602 HC A will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Chapter 2, Subchapter 2, Article 5 for further guidance with the health care grievance process.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI): <u>Bilal Alcorn</u>	CDCR #: <u>728813</u>	Unit/Cell #: <u>07-122</u>
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SECTION A: Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy:

Dissatisfied: Appeal RAP Decision

Supporting Documents Attached. Refer to CCR 3999 227 ☒ Yes ☐ No

Grievant Signature: [Signature] Date Submitted: 10-26-21

BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL.

SECTION B: HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only		Is a CDCR 602 HC A attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This grievance has been:			
<input type="checkbox"/> Rejected (See attached letter for instruction): Date: _____ Date: _____			
<input type="checkbox"/> Withdrawn (see section E)			
<input type="checkbox"/> Accepted	Assigned To: _____	Title: _____	Date Assigned: _____ Date Due: _____
Interview Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Interview: _____	Interview Location: _____
Interviewer Name and Title (print): _____		Signature: _____	Date: _____
Reviewing Authority Name and Title (print): _____		Signature: _____	Date: _____
Disposition: See attached letter <input type="checkbox"/> Intervention <input type="checkbox"/> No Intervention			
HCGO Use Only: Date closed and mailed delivered to grievant: _____			

1 Disability Code: <input type="checkbox"/> TAAE score \leq 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable	2 Accommodation <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other: _____	3 Effective Communication <input type="checkbox"/> Patient asked questions <input type="checkbox"/> Patient summed information Please check one: <input type="checkbox"/> Not reached <input type="checkbox"/> Reached *See chronology notes
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4 Comments: _____

STAFF USE ONLY



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Headquarters' Level Response

Closing Date:

APR 25 2022

To: AHDOM, BILAL (T28813)
Salinas Valley State Prison
P. O. Box 1020
Soledad, CA 93960-1020

From: California Correctional Health Care Services
Health Care Correspondence and Appeals Branch
P.O. Box 588500
Elk Grove, CA 95758

Tracking #: SVSP HC 21001725

RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

HEALTH CARE GRIEVANCE APPEAL SUMMARY

In your CDCR 602 HC, Health Care Grievance, you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

Issue	Description
Issue: Supplies (Diapers)	To reinstate incontinence supplies.
Issue: Administrative (Policy & Procedure)	No reprisal or retaliation.

HEADQUARTERS' LEVEL DISPOSITION

☒ No intervention. ☐ Intervention.

BASIS FOR HEADQUARTERS' LEVEL DISPOSITION

Your health care grievance package and health record, and all pertinent departmental policies and procedures were reviewed. These records indicate:

- Per California Code of Regulations, Title 15, Section 3999.227(e), "The grievant is limited to one issue or set of issues related to a single health care discipline that can reasonably be addressed in a single health care grievance response." Your staff complaint issue was bifurcated and addressed in health care grievance tracking number SVSP SC 21000098.
- Your issue regarding incontinence supplies will not be addressed herein as this is a duplicate issue to that in health care grievance tracking number SVSP HC 21001617, for which a decision was rendered or is pending. Per California Code of Regulations, Title 15, Section 3999.234(a)(6), a health care grievance

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

P.O. Box 588500
Elk Grove, CA 95758

which duplicates a health care grievance upon which a decision has been rendered or is pending is subject to rejection. The headquarters' level disposition on a health care grievance exhausts your administrative remedies.

- You are recorded as having durable medical equipment including incontinence supplies.
- If you have additional health care needs, you may access health care services by utilizing the approved processes in accordance with California Correctional Health Care Services policy.

Per California Code of Regulations, Title 15, Section 3999.226(e), "Staff shall not take reprisal against the grievant for filing a health care grievance."

Monetary compensation is outside the jurisdiction of the health care grievance process.

Durable Medical Equipment and medical supplies shall be distributed by health care staff based on medical necessity as defined in the Durable Medical Equipment and Medical Supply Formulary. The formulary was developed based on Medicare and Medicaid standards, and the policy is intended to promote consistency in the way these items are provided. All associated supplies and accessories listed in the Durable Medical Equipment and Medical Supply Formulary shall be provided to patients currently issued the Durable Medical Equipment (without an additional order) unless the establishment of additional medical necessity is required as described in the Health Care Department Operations Manual, Section 3.6.1, Durable Medical Equipment and Medical Supply.

Per California Code of Regulations, Title 15, Section 3004(a), "Inmates and parolees have the right to be treated respectfully, impartially, and fairly by all employees. Inmates and parolees have the responsibility to treat others in the same manner." Additionally, per the Health Care Department Operations Manual, Section 2.1.1, Patients' Rights, the individual patient's rights are maintained in concurrence with established medical ethics and to preserve the basic human dignity of the patient. Certain rights may be limited by reasonable application of security regulations.

While the health care grievance process is a means of setting forth your health care concerns, it is not a substitute for direct communication about your health with your health care providers. You are encouraged to continue your care with your assigned health care providers and share with them new or additional clinical information about your conditions that you believe may affect your care. However, California law directs your health care providers to offer and provide only the care they determine to be currently medically or clinically necessary for you, in accordance with appropriate policies and procedures. Previous orders from other health care facilities or staff, input from health care consultants, and/or your own personal preferences may be considered, but do not control the professional judgment of your current health care providers.

This decision exhausts your administrative remedies.



Digitally signed by HCCAB
Date: 2022.04.25 11:35:32
-07'00'

April 25, 2022

S. Gates, Chief
Health Care Correspondence and Appeals Branch
Policy and Risk Management Services
California Correctional Health Care Services

Reviewed and Signed Date

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

REC BY OOA

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE
CDCR 602 HC (Rev. 10/18)

JAN 12 2022

DEPARTMENT OF CORRECTIONS AND REHABILITATION
Page 1 of 2

STAFF USE ONLY Expedited? ☐ Yes ☒ No Tracking #: SVSP HC 21001725

M. VILLANUEVA, RN Staff Name and Title (Print) Signature m/villanueva Date 10/12/2021

If you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, use Section A of the CDCR 602 HC A Health Care Grievance Attachment. Only one CDCR 602 HC A will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Chapter 2, Subchapter 2, Article 5 for further guidance with the health care grievance process.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI): Ahdom, Bilal CDCR #: T28813 Unit/Cell #: D7 122

SECTION A: Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy:

SEE ATTACHED
CDC-1824/602

Supporting Documents Attached. Refer to CCR 3999.227 ☐ Yes ☐ No

Grievant Signature:

Date Submitted:

BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL.

SECTION B: HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only Is a CDCR 602 HC A attached? ☐ Yes ☒ No

This grievance has been:

☐ Rejected (See attached letter for instruction): Date: Date:

☐ Withdrawn (see section E)

☒ Accepted Assigned To: M. Villanueva Title: HEARN Date Assigned: 10/15/21 Date Due: 12/17/21

Interview Conducted? ☒ Yes ☐ No Date of Interview: 12/15/2021 Interview Location: CTC-122

Interviewer Name and Title (print): M. VILLANUEVA, RN Signature: Date: 12/15/2021

Reviewing Authority Name and Title (print): S. SAMUEL Signature: Date: 12/16/21

Disposition: See attached letter ☐ Intervention ☒ No Intervention

HCGO Use Only: Date closed and mailed/delivered to grievant:

1. Disability Code: ☐ TABE score \leq 4.0 ☐ DPH ☐ DPV ☐ LD ☐ DPS ☐ DNH ☐ DCP ☒ Not Applicable
2. Accommodation: ☐ Additional time ☐ Equipment ☐ SLI ☐ Louder ☐ Slower ☐ Basic ☐ Transcribe ☐ Other
3. Effective Communication: ☐ Patient asked questions ☐ Patient summed information ☐ Please check one: ☐ Not reached ☐ Reached *See chrono/notes

4. Comments: Tab 12.1, DPW

RECEIVED DEC 16 2021
SVSP COMPLETE
OCT 12 2021
SVSP STAFF USE ONLY
DEC 16 2021
HCGO
RECEIVED HCCAB
FEB 01 2022
HCGO

REC BY OOA

STATE OF CALIFORNIA
HEALTH CARE GRIEVANCE
 CDCR 602 HC (Rev. 10/18)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 2 of 2

JAN 12 2022

GVSP HC 21001725
Tracking #:

SECTION C: Health Care Grievance Appeal. If you are dissatisfied with the Institutional Level Grievance Response, explain the reason below (if more space is needed, use Section C of the CDCR 602 HC A), and submit the entire health care grievance package by mail for Headquarters' (HQ) Level health care grievance appeal review. Mail to: Health Care Correspondence and Appeals Branch, P.O. Box 588500, Elk Grove, CA 95758.

Grievant Signature:

Date Submitted:

SECTION D: HEALTH CARE GRIEVANCE APPEAL REVIEW HQ LEVEL: Staff Use OnlyIs a CDCR 602 HC A attached? ☒ Yes ☐ No

This grievance has been:

☐ Rejected (See attached letter for instruction): Date: _____ Date: _____☐ Withdrawn (see section E) ☒ Accepted☐ Amendment Date: _____Interview Conducted? ☐ Yes ☒ No Date of Interview: _____ Interview Location: _____

Interviewer Name and Title (print): _____ Signature: _____ Date: _____

Disposition: See attached letter ☐ Intervention ☒ No Intervention*This decision exhausts your administrative remedies.*

HQ Use Only: Date closed and mailed/delivered to grievant:

APR 25 2022

SECTION E: Grievant requests to WITHDRAW health care grievance: I request that this health care grievance be withdrawn from further review. Reason:

Grievant Signature:

Date Submitted:

Staff Name and Title (Print):

Signature:

Date:

COMPLETED
C HCCAB
APR 25 2022**STAFF USE ONLY**

Distribution: Original - Returned to grievant after completed; Scanned Copy - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.

Exhibit

"H"

SVSP - Salinas Valley State Prison

Patient: AHDOM, BILAL
 DOB/Age/Birth Gender: 10/31/1968 / 53 years / Male CDCR: T28813

Assessment Forms

Vocabulary: SNOMED CT
 ; Comments:

2/6/2019 12:52 - Do-Williams, Dorothy CP&S
 refused Xray L spine scheduled on 2/6/19

Diagnoses(Active)

Asthma	Date: 12/7/2021 ; Diagnosis Type: Discharge ; Confirmation: Confirmed ; Clinical Dx: Asthma ; Classification: Medical ; Clinical Service: Non-Specified ; Code: ICD-10-CM ; Probability: 0 ; Diagnosis Code: J45.909
Back pain	Date: 10/11/2021 ; Diagnosis Type: Discharge ; Confirmation: Confirmed ; Clinical Dx: Back pain ; Classification: Nursing ; Clinical Service: Non-Specified ; Code: ICD-10-CM ; Probability: 0 ; Diagnosis Code: M54.9
Glaucoma	Date: 9/10/2021 ; Diagnosis Type: Discharge ; Confirmation: Confirmed ; Clinical Dx: Glaucoma ; Classification: Medical ; Clinical Service: Non-Specified ; Code: ICD-10-CM ; Probability: 0 ; Diagnosis Code: H40.9
Health care maintenance	Date: 3/30/2021 ; Diagnosis Type: Discharge ; Confirmation: Confirmed ; Clinical Dx: Health care maintenance ; Classification: Medical ; Clinical Service: Non-Specified ; Code: ICD-10-CM ; Probability: 0 ; Diagnosis Code: Z00.00
Hyperlipemia	Clinical Dx: Hyperlipemia ; Code: ICD-10-CM ; Probability: 0 ; Diagnosis Code: E78.5
Maceration of skin	Date: 3/17/2021 ; Diagnosis Type: Discharge ; Confirmation: Confirmed ; Clinical Dx: Maceration of skin ; Classification: Nursing ; Clinical Service: Non-Specified ; Code: ICD-10-CM ; Probability: 0 ; Diagnosis Code: L98.8
Side effect of medication	Date: 12/14/2021 ; Diagnosis Type: Discharge ; Confirmation: Confirmed ; Clinical Dx: Side effect of medication ; Classification: Nursing ; Clinical Service: Non-Specified ; Code: ICD-10-CM ; Probability: 0 ; Diagnosis Code: T88.7XXA
Urinary incontinence	Date: 12/7/2021 ; Diagnosis Type: Discharge ; Confirmation: Confirmed ; Clinical Dx: Urinary incontinence ; Classification: Medical ; Clinical Service: Non-Specified ; Code: ICD-10-CM ; Probability: 0 ; Diagnosis Code: R32
Vitreous floater	Date: 9/10/2021 ; Diagnosis Type: Discharge ; Confirmation: Confirmed ; Clinical Dx: Vitreous floater ; Classification: Medical ; Clinical Service: Non-Specified ; Code: ICD-10-CM ; Probability: 0 ; Diagnosis Code: H43.399

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Report Request ID: 53076043

Print Date/Time: 3/18/2022 14:26 PDT

WARNING: This report contains confidential, proprietary, and/or legally privileged information intended for the recipient only.

78.

Exhibit

"I"

ADA/Effective Communication Patient Summary

As of: 09/23/2021 08:30

Patient Information

NAME: AHDOM, BILAL
CDCR: T28813

Disability Placement Program

Current DPP Code(s):

* DPW

DPP Verification/Accommodation Date: 05/18/21
9:15:46 PDT

Current Housing Restrictions/Accommodations:

- * No Rooftop Work/Hazardous Restriction
- * Lifting Restriction
- * Extra Time for Meals
- * Special Cuffing
- * Transport Vehicle With Lift
- * Limited Wheelchair User
- * Full time Wheelchair User
- * Inmate Attendant/ Assistant
- * Bottom Bunk
- * Ground Floor- No Stairs
- * Barrier Free Wheelchair Acces

Methods of Communication

SLI:

Primary Method:

Secondary Method:

Interview Date:

Developmental Disability Program

Current DDP Code:

Effective Date:

Adaptive Support Needs:

Testing of Adult Basic Education (TABE)

TABE Score: 12.9

TABE Date: 09/24/2004 00:00

Learning Disabilities

Learning Disabilities:

English Proficiency

LEP: No

Primary Language: English

Durable Medical Equipment

Current ISSUED DME:

- * Commode Chair Permanent
- * Eyeglass Frames Permanent
- * Incontinence Supplies Permanent
- * Mobility Impaired Disability Vest Permanent
- * Pressure Reducing Mattresses Permanent
- * Wheelchair Permanent
- * Other Permanent:wedge/pillow

MHSDS

MHLOC: GP

RECEIVED
HCCAB
DEC 15 2021

65.

Exhibit

"J"

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 9/29/2021

Date IAC Received 1824: 9/27/2021

1824 Log Number: SVSP-L-21-781

Inmate's Name: AHDOM

CDCR #: T28813

Housing: D7-122

RAP Staff Present: ADA Coordinator R. Mojica, Doctor L. Gamboa, Health Care Grievance Representative E. Delgado, Custody Appeals Representative C. Martella, Health Care Compliance Analyst T. Mendez

Summary of Inmates 1824 Request: Inmate DPP code is DPW. His DDP code is NCF and has a TABE reading score of 12.9

Ahdom states they can't control their urine and at times find stool in their diapers.

Ahdom requests their weekly supply of diapers and access weekly or when needed to laundry to exchange soiled linen.

Interim Accommodation:

- ☒ No interim accommodation required: No emergency access issues presented
- ☐ Interim Accommodation provided (List accommodation and date provided):
- ☐ RAP rescinding interim accommodation:

FINAL RESPONSE

RAP is able to render a final decision on the following:


Your request for your weekly supply of diapers and access when needed to laundry to exchange soiled linen is approved with modifications.

Response:

Ahdom, based on the information collected as a result of your CDCR 1824, including medical records and consultation with appropriate experts, the Reasonable Accommodation Panel (RAP) staff determined that you were seen on 10/1/21 by your Primary Care Provider (PCP) there was no indication found for incontinence supplies. However, if you have an incontinence episode notify your housing unit officer. They will provide you a shower as soon as safety and security permits. Staff reviewed your requests and noted that staff will provide you with an incontinence shower as needed and ensure any soiled clothing is processed according to biohazard and/or infections linen bag procedures as necessary. In the event the accident occurs during first watch or a modified program, the program sergeant will be notified prior to releasing any inmate for a shower that has an incontinence accident. You will be accommodated with a shower as soon as possible, determined by the housing unit officer as safety and security concerns permit. After notification has been made, the housing unit officer will document the event in the incontinence shower log. Some inmates, due to an incontinence accident, may require additional linen and/or clothing supplies. Housing unit officer shall report any problems with obtaining extra linen or clothing to their immediate supervisor. Additional in-lines and/or showers may also be required for some inmates due to medical necessity or hygienic need. Housing unit officers shall afford extra in-lines and/or shower for inmates, in the event they require showering or clothing changes due to incontinence issues. If you have an accident, notify staff immediately. Custody staff will act discretely and in accordance with the local operational procedures. In the event that you have an incontinence episode, notify the housing unit officers. In the event of an accident occurring during first watch or a modified program, the program sergeant will be notified prior to releasing any inmate for a shower that has an incontinence accident. You will be accommodated with a shower as soon as possible, determined by the housing unit officer as safety and security concerns permit. After notification has been made, the housing unit officer will document the event in the incontinence shower log. Some inmates, due to an incontinence accident, may require additional linen and/or clothing supplies.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 to a (blue) 602HC as supporting documents.

R. Mojica
ADA Coordinator/Designee


Signature

Date sent to inmate:

DELIVERED OCT 14 2021

Exhibit

" K "

<u>DATE</u>	<u>CDC#</u>	<u>NAME</u>	<u>ADDRESSEE</u>
11/12/21	T28813	ADOM	WARDEN SVSP
11/30/21	T28813	AHDOM	HC APPLS ELK GROVE CA 95758
12/13/21	T28813	ADOM	HC APPLS ELK GROVE CA 95758
1/3/22	T28813	AHDOM	CHIEF I/M APPLS DOCR SAC CA 94283 (2 ENV)
1/24/22	T28813	AHDOM	VETERANS LAW GROUP POWAY CA 92064
2/1/22	T28813	AHDOM	PLO DONALD SPECTER SAN QUENTIN, CA 94964-0001
2/14/22	T28813	ADOM	BARTELL HANSEL GRESSLEY RIVERSIDE CA 92507
2/24/22	T28813	ADOM	GOV CLAIMS PROG W SAC CA 93960
3/16/22	T28813	AHDOM	CDCR APPEALS SACRAMENTO, CA 95811
3/29/22	T28813	ADOM	S KLARICH AAL TUSTIN CA 93960
11/28/22	T28813	AHDOM	US NORTHERN DIST CRT SF CA 94102
4/28/23	T28813	AHDOM	USDC NORTHERN DIST OAKLAND CA 94612
5/24/23	T28813	ADOM	AAL BEN RUDIN SD CA 92130
7/24/23	T28813	ADOM	OOA SAC CA 95811
8/3/23	T28813	ADOM	DOJ ATT GEN SD CA 92186
8/3/23	T28813	ADOM	USDC NORTHERN DIST OAKLAND CA 94612
8/3/23	T28813	ADOM	ZENERE COWDEN & STODDARD SANTA CLARA CA 95050
10/24/23	T28813	AHDOM	USDC NORTHERN DIST, OAKLAND CA 94612
10/24/23	T28813	AHDOM	DOJ, SAN DIEGO CA 92186
10/25/23	T28813	AHDOM	HCC & APP BRANCH ELK GROVE CA 95758

Exhibit

11

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11



CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

Salinas Valley State Prison

Name: BILAL AHDOM Patient ID: 11917558
DOB: 10/31/1968 Secondary ID: T28813
Exam Name: US KIDNEY (RENAL) BILAT |
76770 Exam Date: 5/23/2023 10:52 AM
Age: 54Y 11M
Primary Care Provider: Do-Williams, D., MD
Ordering Provider: Saravi, M., MD

CLINICAL INDICATION: Urinary incontinence.

COMPARISON: None

Exam: Renal ultrasound.

FINDINGS:

Transverse and longitudinal images of the kidneys were obtained.

Kidneys: The right kidney measures 8.5 cm and is diffusely echogenic in appearance. The left kidney is not visualized.

Urinary bladder: Post void residual bladder volume is abnormally increased at 60 cc.

Vascular: The visualized portions of the aorta, inferior vena cava, and common iliac arteries are unremarkable.

IMPRESSION:

Echogenic right kidney.

Urinary retention.

Electronically Signed by: RWaters, MD

Date Signed: 5/23/2023 2:34 PM

Report Electronically Signed by: WATERS, MD, RICHARD

Report Electronically Signed on: 5/23/2023 02:34 PM

Exhibit

"M"

State of California

INMATE REQUEST FOR INTERVIEW

Department of Corrections

GA-22 (9/92)

DATE 11-27-23	TO Mail Room Sergeant	FROM (LAST NAME) Adom	CDC NUMBER T28813
HOUSING D2	BED NUMBER 111	WORK ASSIGNMENT Ed.	ASSIGNMENT HOURS FROM 0830 TO 1030
Clearly state your reason for requesting this interview. You will be called in for interview in the near future if the matter cannot be handled by correspondence.			
Can you please send me a record of a "regular out-going mail" letter sent to S.V.S.P. CMO, S. Sawyer in November 2021? ... and if this is not the proper way to obtain this information, please advise.			
Thx In Advance.			
Do NOT write below this line. If more space is required write on the back.			
INTERVIEWED BY Gonzalez	DATE 11/28		
DISPOSITION Hello & we don't keep record of "Regular Incoming/outgoing" mail. We <u>only</u> log Legal & Certified mail. Thanks! -Mail Room			

Exhibit

"N"



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Headquarters' Level Response

Closing Date: **MAR 09 2022**

To: AHDOM, BILAL (T28813)
Salinas Valley State Prison
P. O. Box 1020
Soledad, CA 93960-1020

From: California Correctional Health Care Services
Health Care Correspondence and Appeals Branch
P.O. Box 588500
Elk Grove, CA 95758

Tracking #: SVSP HC 21001617

RULES AND REGULATIONS

The rules governing these issues are: California Code of Regulations, Title 15; Health Care Department Operations Manual; Mental Health Services Delivery System Program Guide; California Department of Corrections and Rehabilitation Department Operations Manual.

HEALTH CARE GRIEVANCE APPEAL SUMMARY

In your CDCR 602 HC, Health Care Grievance, you explained the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

Issue	Description
Issue: Grievances (Grievance Status)	Expedited processing.
Issue: Disagreement with Treatment (PCP)	Concern incontinence supplies were inappropriately discontinued without reason or notice.
Issue: Supplies (Diapers)	To have incontinence supplies restored.
Issue: Scheduling (PCP Encounter)	Incontinence concerns.
Issue: Staff Complaints (Deliberate Indifference)	Allegation of being unfairly targeted out of retaliation for previously reporting a rude provider.

HEADQUARTERS' LEVEL DISPOSITION

☒ No intervention. ☐ Intervention.

BASIS FOR HEADQUARTERS' LEVEL DISPOSITION

Health care staff, utilizing clinical expertise within the scope of their licensure, is responsible for determining if a health care grievance warrants expedited processing, not the grievant. Your health care grievance was identified by licensed clinical staff to not meet the criteria for expedited processing per California Code of Regulations, Title 15, Section 3999.228(b)(2) and/or 3999.230(b)(1)(B).

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

**CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES**

P.O. Box 588500
Elk Grove, CA 95758

Your health care grievance package and health record, and all pertinent departmental policies and procedures were reviewed.

You have received primary care provider evaluation and monitoring for your complaint of urinary incontinence. As referenced in the Institutional Level Response, you were informed by the primary care provider on October 1, 2021, that orders for incontinence supplies were discontinued upon your housing change [which occurred on August 16, 2021], as there was no corroborating data, information, or diagnosis found in your health record to indicate such supplies were medically necessary. The primary care provider completed assessments, noted review of your history, current symptoms, and laboratory/imaging results, and developed a plan of care, including trial of oxybutynin for overactive bladder and urinary incontinence.

On December 29, 2021, the primary care provider noted trial of oxybutynin was discontinued due to your report of side effects. Your continued complaint of urinary incontinence was noted, which you reported only occurs at night. You denied any fecal incontinence or bowel-related concerns. The primary care provider noted concern for neurogenic bladder was not likely on account that your symptoms only occur at night; and, a prostate examination was performed, noting possible benign prostatic hypertrophy. A plan of care was noted to include a urinalysis, trial of Flomax (tamsulosin), and temporary orders for incontinence supplies, which would be re-evaluated in six months.

You were recently seen by the primary care provider on March 7, 2022, at which time you reported side effects and no symptom improvement with tamsulosin; therefore, the medication was discontinued. You were advised recent prostate-specific antigen (PSA) study was within normal limits, and no further changes to your plan of care related to urinary incontinence was noted.

You continue to have a temporary active order for distribution of urinary incontinence supplies. Your medical condition will continue to be monitored with care provided as determined medically or clinically indicated by the primary care provider. If you have additional health care needs, you may access health care services by utilizing the approved processes in accordance with California Correctional Health Care Services policy.

You alleged retaliatory care; however, your allegation is refuted by professional health care staff familiar with your health care history, as well as a review of your health record. There is no indication your care has not been provided pursuant to the rules and regulations governing the management and delivery of medically or clinically necessary health care services. Patients shall be accorded impartial (equal, unbiased) access to treatment or accommodations that are determined to be medically or clinically indicated, based on the patient's individual presentation, history, and exam findings, in accordance with appropriate policies and procedures.

Durable Medical Equipment and medical supplies shall be distributed by health care staff based on medical necessity as defined in the Durable Medical Equipment and Medical Supply Formulary. The formulary was developed based on Medicare and Medicaid standards, and the policy is intended to promote consistency in the way these items are provided. All associated supplies and accessories listed in the Durable Medical Equipment and Medical Supply Formulary shall be provided to patients currently issued the Durable Medical Equipment (without an additional order) unless the establishment of additional medical necessity is required as described in the Health Care Department Operations Manual, Section 3.6.1, Durable Medical Equipment and Medical Supply.

A review of the Health Care Appeals and Risk Tracking System reveals you regularly utilize the health care grievance process for your health care concerns. Records indicate that several of your health care grievances include multiple issues, many of which are duplicative of other health care grievances submitted, which makes it complicated for staff to ensure that your explicit concerns are being addressed. You are encouraged to work with your clinicians and the Health Care Grievance Office, by making efforts to provide information that is not

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

duplicative and does not involve multiple issues that do not derive from a single event, or are not directly related and cannot be reasonably addressed in a single response. Per California Code of Regulations, Title 15, Section 3999.227(e), a grievance is limited to one issue or set of issues related to a single health care discipline that can reasonably be addressed in a single health care grievance response and may be subject to rejection per California Code of Regulations, Title 15, Section 3999.234(a)(1). Health care grievances that duplicate the grievant's previous health care grievance upon which a decision was rendered or is pending and the grievant has not provided any new information that would indicate additional review is warranted may be subject to rejection per California Code of Regulations, Title 15, Section 3999.234(a)(6).

Monetary compensation is outside the jurisdiction of the health care grievance process.

While the health care grievance process is a means of setting forth your health care concerns, it is not a substitute for direct communication about your health with your health care providers. You are encouraged to continue your care with your assigned health care providers and share with them new or additional clinical information about your conditions that you believe may affect your care. However, California law directs your health care providers to offer and provide only the care they determine to be currently medically or clinically necessary for you, in accordance with appropriate policies and procedures. Previous orders from other health care facilities or staff, input from health care consultants, and/or your own personal preferences may be considered, but do not control the professional judgment of your current health care providers.

This decision exhausts your administrative remedies.



Digitally signed by HCCAB
Date: 2022.03.08 15:05:54
-08'00'

S. Gates, Chief
Health Care Correspondence and Appeals Branch
Policy and Risk Management Services
California Correctional Health Care Services

March 8, 2022

Reviewed and Signed Date

Note 1: The headquarters' level review is based on records available as of the date the Headquarters' Level Response is signed by the reviewing authority.

Note 2: The closing date reflects the closed, mailed/delivered date of the health care grievance.

**CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES**

P.O. Box 588500
Elk Grove, CA 95758

1. Bilal Adam, # T28813

2. S.V.S.P.

3. P.O. Box 1050-D2-111

4. Salinas, CA 93960

5.

6.

7.

8.

9.

10. Bilal Adam

11. Plaintiff,

12. v.

13. CDCR, et al.,

14. Defendants.

15.

16. I, Bilal Adam, swear:

17.

18. 1) I am over the age of 18 and the Plaintiff to the within cause;

19.

20. 2) I am currently incarcerated at Salinas Valley State Prison at Salinas, California;

21.

22. 3) That on March 1st 2023, the Court found that I stated an 8th Amendment claim against Monte Grande,

23. Letersch, Ritchey, Sawyer and Mejia, and that CDCR violated the ADA;

24.

25. 4) That I disputed Defendants' statement of issues by opposing their question in the MST, p. 2, lns. 13-17 with an opposing question that should the Court deny the Defendants' request to dismiss Plaintiffs' claims against the Defendants;

26.

27.

28.

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION

Case No.: 4:22-cv-07150-JSW

Affidavit of Bilal Adam

In Support of Plaintiffs'

Opposition To Motion for Summary Judgment.

5.) that I demonstrated that I experienced mental, emotional and physical pain and suffering throughout the period of time I was denied needed incontinence supplies and disputed the Defendants' claims and question in the MSJ, pg. 2, lines 18-23 with an opposing question are the Defendants Mojica, Sawyer, Letersztein, MonteGrande, and Ritchey entitled to summary judgment denial on Plaintiffs 8th Amendment claims for deliberate indifference based on Plaintiffs demonstrations;

6.) that I alleged that I was excluded from the prison's Durable Medical Equipment services and disputed the Defendants' claim and question in the MSJ, pg. 2, lines 24-28, pg. 3, lines 1-2 with an opposing question is CDR entitled to summary judgment denial on Plaintiffs claim that it violated the ADA;

7.) that I presented that all the Defendants violated clearly established constitutional rights, and disputed Defendants' claim that Ritchey, Sawyer and Mojica are entitled to qualified immunity because their actions constitute deliberate indifference, and I opposed their claim with a question; are Defendants Ritchey, Sawyer, and Mojica excluded from those who are entitled to qualified immunity as Defendants claim they are in the MSJ, pg. 3, lines 3-6;

8.) that I was not prevented from receiving urinary incontinence supplies on Alpha Yard due to having them discontinued by a PCP on or prior to August 16, 2021, which Defendants claim in the MSJ, p. 3, lines 15-17. Also, I did not state in the complaint that my incontinence supplies were discontinued on August 16, 2021, nor were my incontinence supplies discontinued in August; and that Dr. MonteGrande issued my weekly regimen of incontinence supplies on August 20, 2021, and on September 1, 2021;

9.) that I did not state in the complaint that I received my last weekly incontinence supplies on August 20, 2021; that I did state I received a weekly regimen of incontinence supplies between August 27th and September 3rd 2021 in the complaint;

10.) that I was not examined, evaluated, interviewed or questioned by a PCP for, or regarding, urinary incontinence supplies or urinary incontinence condition; that between August 16 and December 4, 2021, I was only examined by one PCP (Dr. MonteGrande) on September 10, 2021 for non urinary incontinence issues; and that I was not examined for urinary incontinence by a Registered Nurse (R.N.) or any other medical staff, on October 1, 2021;

1. 11.) that I did not attend an off-site ophthalmology appointment with Dr. Rashid on September 10, 2021;

2.

3. 12.) that I was escorted into a small room containing a chair; blood pressure apparatus; a wall mounted keyboard, screen, and
4. desktop on September 10, 2021 by CNA Rubio. I was then interviewed by Dr. Monte Grande regarding my off-site
5. ophthalmology visit. Dr. Monte Grande's first words were, "You are only being seen today for a follow-up from your
6. ophthalmology visit with Dr. Rashid". After my Achilles struck the foot rest of my wheelchair, Dr. Monte Grande told
7. her assistant, CNA Rubio, "I should be doing this examination with him" on the bed in my office! There was
8. no bed or exam table in the room that Dr. Monte Grande performed the exam. I did not give verbal or written
9. consent to an upper and lower body extended physical exam on September 11, 2021. I did not refuse to get
10. on a bed, or an exam table on September 10, 2021; and Dr. Monte Grande instructed CNA Rubio to retrieve a reflex
11. hammer from her office, she returned with the medical instrument and Dr. Monte Grande used the instrument
12. during the exam;

13.

14. 13.) that on September 11, 2021, Dr. Monte Grande initially informed me that she was only seeing me for a follow-up from
15. my ophthalmology visit with Dr. Rashid. Towards the end of her questioning, Monte Grande asked if I had any questions, and
16. before I could respond, she began berating me with questions, my wheelchair use, and stroke history. And without announce-
17. ing her intentions, she instructed me to raise my left leg and extend it while I was seated in my wheelchair. With
18. both of her palms she struck downward on my shin and demanded I resist. She then began to push down-
19. ward as aggressively still demanding I resist. She then aggressively struck downward on my shin with such pain wrenching
20. force, my leg collapse resulting in stabbing spinal pain, and my Achilles hitting the foot rest on my wheelchair
21. causing abrasions and pain. Monte Grande then instructed me to place my right forearm on the arm rest of my wheel-
22. chair. She aggressively placed my right hand on my right shoulder and instructed me to push forward against
23. her aggressive pressing. She then very aggressively placed my forearm on the arm rest, took hold of my lower hand
24. and upper part of my wrist, and "flung" them both towards my right shoulder, hitting it, and resulting in my fore-
25. arm and elbow hitting the arm rest, and my fingers hitting and landing between the sharp rusted crevice in the
26. brake handle causing intense pain and abrasions; and after the spinal pain subsided from being struck on the shin
27. of his extended leg, I realized I had urinated in my trousers and wheelchair seat;

28.

3.

1. 14.) that on September 10, 2021, Dr. MonteGrande performed an unannounced upper and lower body extended physical
 2. exam that included using a medical instrument. The exam caused audible whencing pain to my chronic
 3. spinal condition and extremities, and resulted in me urinating in my trousers and wheelchair seat, and
 4. requesting incontinence supplies (diapers) from Dr. MonteGrande. At 1303 PDT on September 10, 2021, Dr.
 5. MonteGrande deliberately OMITTED the fact the exam was performed, the facts, my body's reaction to
 6. strength test and medical instrument, my progression, and/or regressive chronic conditions based on the exam,
 7. and the test results and findings, from my health records history;

8.

9. 15.) that on September 10, 2021, Dr. MonteGrande, at 1302 PDT, deliberately made ADMISSIONS of ophthalmology follow-up
 10. visit statements, comments and ophthalmologist recommendations into my health records history;

11.

12. 16.) that on September 10, 2021, Dr. MonteGrande did not examine, evaluate or question me for urinary incontinence issues;
 13. Dr. MonteGrande did not prescribe Oxybutynin for bladder or urinary incontinence supplies;

14.

15. 17.) that I arrived on Delta Ford on August 16, 2021. My first PCP visit was with Dr. MonteGrande on September 10,
 16. 2021. That between August 20 and September 1, 2021, I was issued my regular weekly PCP OMC ordered
 17. incontinence supplies on 08/20 and on 09/01, while housed on Delta Ford;

18.

19. 18.) that on September 10, 2021, I requested incontinence supplies from Dr. MonteGrande. On September 13, 2021, I filed
 20. an assault complaint against Dr. MonteGrande. On September 15, 2021, Dr. MonteGrande discontinued my incontinence supplies;

21.

22. 19.) that on September 18, 2021, I filed a Reasonable Accommodations Request form 1824 for a weekly regiment of incontinence
 23. supplies and access to laundry to exchange urine soiled linen; and if the weekly supply of incontinence supplies
 24. are not provided, I am requesting Reasonable Accommodations of a weekly supply of towels, plastic (trash can liners),
 25. tape, and sanitary provisions; the RRP officials denied my request for incontinence supplies, and my Reasonable
 26. Accommodations request for a weekly supply of towels, plastic, tape, and sanitary provisions on September 29, 2021;
 27. The RRP approved a shower after each episode of urinary incontinence only if the safety and security of the institution allowed;

28.

1. that on November 19, 2021, Third Watch Sergeant called me to Delta Yard Program office and informed me that he
 2. was interviewing me regarding my letter to the Warden regarding my request for intervention; I requested
 3. incontinence protections and the 3rd Watch Sergeant provided ineffective 3 boxer shorts and 3 towels in
 4. response to my request for intervention; that the Sergeant was a witness to Atchley's directive, and recipient of it, to
 5. forward my letter to him, and the Sergeant responded to my request for intervention;

6.

7.

8. 20.) that on December 29, 2021, Dr. Lotersztain instructed me to lay across the edge of an exam bed and she performed
 9. a 4-5 second painful rectal/prostate exam without my verbal or written consent; Lotersztain prescribed Flomax
 10. for the prostate issue; that Lotersztain prescribed temporary incontinence supplies; I did not receive the temporary
 11. incontinence supplies until January 20th 2022, more than 3 weeks after Lotersztain informed me she would
 12. provide them for my incontinence symptoms complained about prior to and on 12/24/21; and Lotersztain confirmed the recent
 13. prostate blood test revealed negative results;

14. 21.) that on November 12, 2021, I sent a regular outgoing letter to the CMD of Salinas Valley State Prison, Medical
 15. Department, and a legal outgoing letter to the Warden of Salinas Valley State Prison requesting urinary inconti-
 16. nence supply denial intervention from both;

17.

18. 22.) that in SVSP-HC-21011578, SVSP-HC-21011617, and SVSP-HC-2101175 I claimed that I was being improperly
 19. denied access to incontinence supplies, and other claims of [rights] violations; that the claim of improperly denying
 20. incontinence supplies was administratively exhausted at the headquarters level; that Mejia and Sawyer named
 21. themselves in Final Reasonable Accommodations request (1824 form) decision, and institutional level
 22. decision, as well signing off on their decisions through written signature; and the MST claims that
 23. none of the Defendants i.e., MonteGrande, Lotersztain, Atchley, Sawyer or Mejia, in none of the grievances, were
 24. "expressly named;" that all of the Defendants participated directly, or in their supervising role, in improperly
 25. denying needed incontinence supplies;

26. 23.) that on March 8, 2022, headquarter level officials linked Dr. Lotersztain to grievance SVSP-HC-21011617
 27. by the specific nature of the grievance and the date;

28.

24) that on May 23, 2023, Dr. R. Waters opined, via medical report, that I had a confirmed active diagnosis of urinary
 2. incontinence prior to Plaintiff's June 2023 deposition, and prior to the Defendants signing and submitting their
 3. declarations;

4.

5. 25.) that on September 18, 2021, I notified Mojica through the filing of an 1824 form (Reasonable Accommodations request)
 6. that my U.H.R. (Universal Health Record) contained objective evidence of my urinary incontinence supply needs and
 7. history;

8.

9. 26.) that from August 16, 2021 to present day, proof of my diagnosis of urinary incontinence, and current, and
 10. recent history of PCR ordered urinary incontinence supplies were in my health records, and made available
 11. and accessible to the Defendants;

12.

13. 27.) that between September 8, 2021 and January 19, 2021, I was unable to painlessly, effectively and humanely protect
 14. myself from involuntary urinations;

15.

16. 28.) that Appealed Sawyer's institutional level denial to the headquarter's level on November 28, 2021; that I
 17. appealed Mojica's 1824 Reasonable Accommodations decision on October 21, 2021;

18.

19.

20.

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27.

28.

1.
2. I, Bilal Adam, do swear under penalty of perjury under the Laws of the State of Cali-
3. the Laws of the State of California, that I have read the contents contained in this Opposition
4. To Defendants Motion For Summary Judgment, and know that the foregoing statenments are true
5. and correct, and are of my own personal knowledge. And if called upon as a witness to testify to the
6. contents of this Affidavit In Support of the Opposition To Defendants Motion For Summary
7. Judgment, I would swear under oath that the same is true and correct, and of my own
8. Knowledge.

9. I swear under oath that the foregoing is true and correct and is of my own personal knowledge.
10.

11. Executed on this 28th, day of January 2024 at Soledad, California.
12.

13. 
14. Bilal Adam In Pro Se
15. And The Affiant
16.
17.
18.
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21.
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23.
24.
25.
26.
27.
28.

1. Bilal Adom, # T28813
2. S.V.S.P.
3. P.O. Box 1050-D2-111
4. Scedar, CA 93960

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION

10. Bilal Adom,
11. Plaintiff,

Case No: 4:22-cv-07150-JSW

12. v.
13. CDCR, et al.,
14. Defendants ✓

Motion For Appointment Of Counsel
Pursuant To 28 U.S.C. § 1915 (e)(1)
With Attached Affidavit and Exhibits.

15.
16. COMES NOW Plaintiff, Bilal Adom, (hereinafter, "Plaintiff"), a state prisoner, proceeding in the above
17. entitled action in propria persona and in forma pauperis with a 42 U.S.C. § 1983 Civil Rights Action
18. against Defendants, and each of them, for the expressed violation of Plaintiff's Eighth Amendment
19. rights to be free of cruel and unusual punishment, to include a violation of the ADA, and deli-
20. berate indifference to serious medical needs by prison officials, as well as, medical officials as pro-
21. scribed by the United States Constitution as announced by the United States Supreme Court in
22. Estelle v. Gamble (1976) 429 U.S. 97, 104, to motion this Honorable Court for the appointment of
23. counsel pursuant to 28 U.S.C. § 1915 (e)(1).

25. MOTION FOR APPOINTMENT OF COUNSEL AND CAUSE:

27. Plaintiff's request for extension of time to file an opposition to the motion for summa-
29.

1. any judgment was granted on December 18, 2023. The opposition was due on or before January 29, 2024.
2. 1.) Plaintiff contends that false declaratory statements were knowingly presented as material
3. fact in support of the motion for summary judgment. (See attached Affidavit, para, 3
- 4.
5. 2.) Plaintiff contends that Defendant Dr. Scott Ladd failed to provide Plaintiff a copy of his personal
6. declaration that evidence indicates exists. (Attchd; Affid; para, 4
- 7.
8. 3.) Plaintiff contends that the Defendants presented two sole witnesses, to the events involving two
9. Defendants, who are also potentially integral to the Plaintiff's claims, and in disputing the material
10. facts presented in the motion for summary judgment, or potential trial. (Attchd; Affid; para; 5
- 11.
12. 4.) Plaintiff contends that the Defendants have put him on notice of the false declaratory statements,
13. of an existing declaration, of a defendant, that was not provided; and two eye witnesses integral
14. to Plaintiff's claims, and two Defendants' defenses; (Attchd; Affid; para; 5
- 15.
16. 5.) Plaintiff believes that he should be allowed the Court's permission, or an opportunity to respond to
17. the evidence, the absence of critical evidence, and an opportunity to obtain sworn statements from the two
18. sole witnesses (eyewitnesses) to the two events in question. Plaintiff is a layman, and indigent.
19. 6.) Plaintiff contends that he does not have the resources or ability to investigate or obtain the
20. necessary evidence and declarations/depositions to support the contentions herein, absent the help
21. of this Court; (Attchd; Exhb; Affid; para; 6
22. 7.) Plaintiff contends that he believes that he meets the requirements for the appointment of
23. counsel, as he is not capable of researching, preparing the necessary and required papers, nor
24. comprehending the complex and comprehensive legal issues now before this Honorable Court.
25. This said, Plaintiff notifies this Honorable Court that he suffers from several chronic conditions
26. from which he takes a number of prescribed medications, steroids, and pain managements. Plaintiff
27. is also a stroke survivor. Plaintiff also notifies this Court that he continues to suffer ADP
- 28.

1. violations through an abrupt cancellation/discontinuance of a permanent PCP order DME (Durable
 2. medical equipment). ~~Attached, Affidavit, paras 7, 8, 9, 10, 11~~ Plaintiff feared that he would be in error by raising this
 3. issue in the opposition, or at this stage of the proceedings. Plaintiff further contends that in addition
 4. to this on-going behavior by the defendants, he believes that an attorney is also needed to address
 5. the legal arguments presented by the Defendants' counsel if this Court grants the requested
 6. All bind hearing;

7.

8. 8.) Plaintiff contends that the continued ADA violations, for a great period of time, and throughout the
 9. course of this litigation, have made it even more complicated and burdensome to litigate this cause
 10. of action without the assistance of someone trained in the law. Furthermore, Plaintiff's medical
 11. conditions, circumstances and pain management further prevents him from knowing how, and applying
 12. the law and its procedures, as they should be applied in prosecuting such an action, which the instant
 13. cause of action may require a trial; discovery of documents and testimony of eyewitnesses; expert
 14. testimony to rebut the testimony of the physicians/defendants here being sued in their individual and
 15. official capacities; and the preparation of documents and pleadings to oppose any claims the defendants,
 16. and each of them, believe they might raise in the defense of the instant action. Plaintiff contends
 17. that Defendants have different attorneys (two attorneys) representing them individually and
 18. in clusters, but two (2) separate firms nonetheless, which makes it impossible for Plaintiff, in the
 19. layman's statement and physical condition he currently endures secondary to his many, many
 20. medical problems and physical disabilities to prosecute this legal and federal civil action. ~~Attached, Affidavit, para 7~~
 21.

22. MEMORANDUM OF POINTS AND AUTHORITIES IN SUPPORT OF MOTION TO APPOINT
 23. COUNSEL.

24.

25. Indigent prisoners seeking relief under § 1983 may petition a federal court to appoint
 26. counsel to appoint counsel to represent them. 28 U.S.C. § 1915(c)(1).

27.

28.

1. There has been several instances where the various Circuit Courts found appropriate the appoint-
 2. ment of counsel to represent a prisoner in a § 1983 claim such as:

3. *McCarthy v. Weinberg*, 753 F.2d 837, 838-39 (per curiam) (appointment of counsel appropriate
 4. because pro se prisoner suffering from severe physical handicaps presented colorable claims that
 5. doctor failed to provide physical therapy and medication to treat prisoner's multiple sclerosis);
 6. also e.g. *Rlston v. Parker*, 363 F.3d 229, 231 (3rd Cir. 2004); *Castillo v. Cook County Jail Board*
 7. *Dep't*, 990 F.2d 304, 307 (7th Cir. 1993); *Montgomery v. Pinchak*, 294 F.3d 492, 499, 501-05 (3rd Cir. 2002);
 8. *Santiago v. Wells*, 599 F.3d 749, 762-64 (7th Cir. 2010); *Williams v. Carter*, 10 F.3d 563, 567 (8th
 9. Cir. 1993); and, *Agveman v. Corr. Corp. of Amer.*, 390 F.3d 1104, 1104 (9th Cir. 2004) (Court improperly
 10. denied appointment of counsel because complexity of case created exceptional circumstances).

11. -CONCLUSION-

12.
 13.
 14. With the above information in mind, and the documents attached herein, to verify what Plaintiff informed
 15. the court of in his Motion For Appointment of Counsel filed January 28, 2024, which Plaintiff has attached
 16. along with his Motion on Affidavit requesting appointment of counsel due to his inability to properly
 17. apply laws, and their procedures, as they should be applied in prosecuting such an action, and Plain-
 18. tiff's inability to do so, appoint counsel to Plaintiff in the interest of justice to aid Plaintiff, the Court, and
 19. Defendants, and each of them, to adjudicate the instant cause of action on the merits; and, grant such
 20. further relief as is just and appropriate as a matter of law. (Plaintiff request Administrative notice be given for the
 21. Reasonable Accommodations Request (1820) ; Dr. B. Waters medical report, dated 05/23/23, and healthcare grievances ~~1820~~ attached as exhibits.

22. Dated: January 28th, 2024.

Respectfully Submitted,

~~Bilal~~
 Bilal Adam

Plaintiff In Propria Persona

1. Bilal Adem, #T28813
2. S.V.S.P.
3. P.O. Box 1050-D2-111
4. Soledad, CA 93960

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION

10. Bilal Adem,
11. Plaintiff,

Case No.: 4:22-cv-07150-JSW

12. v.
13. CDCR, et al.,
14. Defendants.

Affidavit of Bilal Adem
In Support of Plaintiff's
Motion For Appointment of Counsel, With Exhibits.

16. I, Bilal Adem, swear:

18. 1. That I am over the age of 18 and the Plaintiff to the within cause;

20. 2. That I am currently incarcerated at Salinas Valley State Prison at Soledad, California;

22. 3. That expert witness, Dr. Patrick Cello, and Defendant Monte Grande gave false testimonial
23. statements of material facts in their declarations; that Dr. Cello swore that Defendant Dr. Scott Ladd
24. authored a Declaration that he (Dr. Cello) relied on to conclude, in his expert opinion, that Dr. Ladd
25. complied with the standard of care; that Defendant Dr. Monte Grande falsely stated as material that she
26. did not discontinue Plaintiff's incontinence supplies; (See Attached Exhibits, "G", pg. 1, para. 6; "H", pg. 1,
27. 2, para. 5

4.) that Defendant Scott Ladd, M.D. did not provide a copy of his Declaration with his Motion For Summary Judgment; (Attached; Exh. "A")

5.) that the Defendants presented two eyewitnesses to 2 events involving two Defendants i.e., Defendants Atchley and MonteGrande; that the 3rd Watch Sergeant, on November 19, 2021, informed me that he was acting pursuant to my request for intervention letter to the Warden (Atchley); that on September 19, 2021, eyewitness Bianca Rubio was told, by Dr. MonteGrande, "I should be doing this examination with him" on the bed in my office."; that Dr. MonteGrande instructed eyewitness Rubio to retrieve a medical instrument (reflex hammer) from her office/exam room;

6.) that I am a layman, and I do not have the resources or the ability, intellectually or monetarily, to investigate, or obtain the necessary evidence, or present the appropriate motions and arguments to rebut any Defendants' motions, oppositions, or hearings that they've requested that may be granted by this Court;

7.) that I suffer from numerous medical conditions, and physical limitations that compounds the difficulties and my cognitive abilities to understand the law, to research, to comprehend the complex and comprehensive legal issues; (Attached; Exh. "B")

8.) that in August 2023, my DME (pressure reducing mattress) permanent order was discovered removed from my list of CURRENT ISSUE DME ADA/Effective Communication Patient Summary; that custody informed me that they could no longer provide me with a pressure reducing mattress i.e., SVSP's "Double Mattress";

9.) that I am unable to sleep on a non pressure reducing mattress for more than 20-45 minutes without being awakened by excruciating spinal pain; that medical professionals have attempted to address the pain issue via Diclofenac Sodium Gel, Lidocaine Pain Relief Patches, Acetaminophen, and Naproxen, which have provided minimal to zero effectiveness in abating the pain caused by sleeping or lying down on

1. a single flat state issue mattress, spread out on a solid metal rock; (Attchd, Exh, "C"
- 2.
3. 10.) that on April 5, 2023, medical tests, x-rays, ordered by Dr. Saravi, indicated that my chronic
4. spinal condition was worsening; that in and/or between August and December 2023, Dr. Saravi
5. informed me that medical policy no longer allows PCP's to order or issue DMEs for pressure reducing
6. mattresses, and it was not important or necessary for me to know when the DME for the mattress,
7. was discontinued;
- 8.
9. 11.) that in September 2023, I filed a health care grievance, SVSP-HC-23001028-, complaining/appealing
10. the cancellation/discontinuance of the permanent DME for a pressure reducing mattress; that in
11. November of 2023, I filed a health care grievance, SVSP-HC-23001274, which may have also been filed appealing
12. the discontinued DME; (Attchd, Exh, "D", "E",
- 13.
14. 12.) that in January 2024, I filed a Reasonable Accommodations Form (1824) requesting a Chrono for a
15. "double mattress"; (Attchd, Exh, "F"
- 16.
17. 13.) that healthcare grievances SVSP-HC-23001038 and SVSP-HC-23001274, and Reasonable Accommodations
18. Form Log# 50188 have not been administratively exhausted;
- 19.
20. 14.) that I had a CURRENT ISSUE DME order for a permanent pressure reducing mattress;
21. that in August of 2023 I was informed that my DME was discontinued, and that I was no
22. longer qualified or eligible to possess a pressure reducing mattress i.e., SVSP "Double Mattress;
23. that I am now unable to sleep more than 30-45 minutes on the single state issue mattress
24. without being awakened by excruciating chronic spinal pain; that the numerous pain meds,
25. provides little to zero effectiveness in abating the pain when lying down or sleeping;
26. (Attchd, Exh, "I"
- 27.
- 28.

1.
2.
3.
4.
5.
6. I, Bilal Adam, do swear under the penalty of perjury under the Laws of the State of
7. California, that I have read the contents contained in this Affidavit In Support of The Motion
8. For Appointment of Counsel, and know that the foregoing statements are true and correct, and are of
9. my own knowledge. And if called upon as witness to testify to the contents of the Motion,
10. I would swear under oath that the same is true and correct, and of my own knowledge.
11.

12. I swear under oath that the foregoing is true and correct and is of my own personal
13. knowledge.
14.



15. Executed on this 28th day of January 2024 at Soledad, California.
16.
17.


Bilal Adam In Pro Se
And The Affiant

20. VERIFICATION

21.
22.
23. I swear under the penalty of perjury that the foregoing is true and correct and is
24. of my own personal knowledge.
25.

26. Dated: January 28th, 2024.
27.


Respectfully Submitted


Exhibit

" A "

CERTIFICATE OF SERVICE

I am a citizen of the United States. My business address is 2005 De La Cruz, Suite 240, Santa Clara, CA 95050. I am employed in Santa Clara County where this service occurred. I am over the age of 18 years and not a party to the within cause. I am readily familiar with my employer's normal business practice for collection and processing of correspondence for mailing and facsimile. In the case of mailing [other than overnight delivery], the practice is that correspondence is deposited in the U.S. Postal Service the same day as the day of collection in the ordinary course of business.

On Wednesday, September 27, 2023, I served the following documents:

- DEFENDANT'S NOTICE OF MOTION AND MOTION FOR SUMMARY JUDGMENT
- MEMORANDUM OF POINTS AND AUTHORITIES IN SUPPORT OF DEFENDANT'S MOTION FOR SUMMARY JUDGMENT
- DECLARATION OF ADAM M. STODDARD, ESQ. IN SUPPORT OF DEFENDANT'S MOTION FOR SUMMARY JUDGMENT
- DECLARATION OF JOHN PATRICK CELLO, M.D. IN SUPPORT OF DEFENDANT'S MOTION FOR SUMMARY JUDGMENT
- [PROPOSED] ORDER GRANTING DEFENDANT SCOTT LADD, M.D.'S MOTION FOR SUMMARY JUDGMENT

BILAL ADOM CDCR# T28813 SALINAS VALLEY STATE PRISON ATTN: LITIGATION DEPT. 31925 HIGHWAY 101 SOLEDAD CA 93960	
--	--

☒ (BY MAIL) I caused a true copy of each document identified above to be placed in a sealed envelope with first-class postage affixed. Each such envelope was deposited for collection and mailing that same day in the ordinary course of business in the United States mail at San Jose, California.

☐ (BY PERSONAL SERVICE) I caused a true copy of each document identified above to be delivered by hand to the offices of each addressee above.

☐ (BY OVERNIGHT DELIVERY) I caused a true copy of each document identified above to be sealed in an envelope to be delivered to an overnight carrier with delivery fees provided for, addressed of each addressee above.

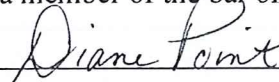
☐ (BY-E-MAIL OR ELECTRONIC TRANSMISSION) Based on a court order or an agreement of the parties to accept service by e-mail or electronic transmission, I caused the document(s) to be sent to the persons at the e-mail address listed above. I did not receive, within a reasonable

1 time after the transmission, any electronic message or other indication that the transmission was
2 unsuccessful.

3 ☐ (BY ELECTRONIC SERVICE) I caused each of the above-named documents to be delivered
4 by email to the parties via One Legal E-Service upload link.

5 ☐ (STATE) I declare under penalty of perjury under the laws of the State of California that the
6 above is true and correct.

7 ☒ (FEDERAL) I declare that I am employed in the office of a member of the bar of this court at
8 whose direction the service was made.



Diane Point

Exhibit

" B "

History of Present Illness

53 y.o. male inmate here after a visit to ophthalmology, Dr. Karim Rasheed MD on 8/27/21.

His impressions were (1) Pseudophakia & Glaucoma, stable (2) Posterior capsule opacity, OU (3) Vitreous floaters, OU.

His recommendations (1) YAG laser capsulotomy discussed. Patient want to wait. Will consider at next visit (2) Continue Latanoprost drops unchanged. (3) F/U 3-4 months

He voiced concern that his Latanoprost was discontinued. But on query to the pharmacy, pharmacist stated that inmate had to request for it to be refilled. It does not get dispensed automatically. Inmate informed about this. It was then requested that it be delivered to him today

Review of Systems

No other concerns voiced.

Physical ExamVitals & Measurements

T: 36.2 °C (Oral) HR: 70 (Peripheral) RR: 16 BP: 104/67

SpO2: 98%

Assessment/Plan

Glaucoma

OU

Continue Timolol as ordered

Ordered:

latanoprost ophthalmic, 1 drop, Eye-Both, Soln-Oph, qPM-KOP, Administration Type KOP, Order Duration: 180 day, First Dose: 09/10/21 14:00:00 PDT, Stop Date: 03/09/22 13:59:00 PST

Health care maintenance

Vitreous floater

F/U with ophthalmology

Orders:

Follow Up Ophthalmology Referral

H/O Cataract removal, both eyes, pseudophakia OU

F/U ophthalmology

CCP 3 months

Problem List/Past Medical HistoryOngoing

Asthma

Back pain

Cataract

Chronic pain syndrome

CVA (cerebral vascular accident) in 2011

Hyperlipidemia

Hypertension

Posterior vitreous detachment

Primary open angle glaucoma of both eyes

Procedure refused

Historical

No qualifying data

Procedure/Surgical History

hemilaminectomy 2008.

MedicationsActive Medications:

acetaminophen 650 mg 2 tab Oral BID-KOP

KOP PRN: pain

aspirin 81 mg 1 tab Oral Daily-KOP KOP

1-atorvastatin 80 mg Tab (Lipitor) 80 mg 1 tab

Oral qPM-KOP KOP

ezetimibe 10 mg Tab (Zetia) 10 mg 1 tab Oral

Daily-KOP KOP

hydroCHLOROTHIAZIDE 25 mg 1 tab Oral Daily-KOP KOP

ketotifen 0.025% Soln-Oph 5 mL (ketotifen

0.025% ophthalmic solution) 1 drop Both eyes

BID-KOP KOP PRN: allergy symptoms

latanoprost 0.005% Soln-Oph 2.5 mL

(latanoprost 0.005% ophthalmic solution) 1

drop Both eyes qPM-KOP KOP

levalbuterol 45 mcg/puff Aerosol 15 gm

(XOPENEX HFA 45 MCG INHALER) 90 mcg 2

puff Oral q6hr-KOP90 KOP PRN: shortness of breath

1-metoprolol tartrate 50 mg Tab (metoprolol

tartrate 50 mg) 50 mg 1 tab Oral BID-KOP KOP

mometasone 200 mcg/inh Aerosol 120 puffs

(4334-01) (Asmanex HFA 200 mcg/inh inhalation

aerosol) 200 mcg 1 puff Oral BID-KOP60 KOP

timolol 0.25% Soln-Oph 5 mL (Timoptic

Ocudose 0.25% ophthalmic solution) 1 drop

Right eye BID-KOP KOP

Result type: Outpatient Progress Note

Result date: September 10, 2021 12:50 PDT

Result status: Auth (Verified)

Result title: OTM Ophthalmology

Performed by: Montegrando, Faye P&S on September 10, 2021 13:02 PDT

Verified by: Montegrando, Faye P&S on September 10, 2021 13:02 PDT

Printed by: Martinez, Rosa HRT I

Printed on: 12/19/2023 9:51 PST

Exhibit

"C"

AHDOM, BILAL
VO KOP
GE #100.00 D 002 1111001L AD9RX:16393 183605
00067-8152-03 white 1 REFILL ADMIN:11/29/2023 DISP:11/29/2023
ORDER EXP 02/12/2024
(diclofenac sodium) GSK-H-ALEO-N

If you are pregnant or of childbearing age, discuss the risks/benefits of this medication with your doctor and pharmacist.
Do not take aspirin products without doctor approval. Continue taking low-dose aspirin to prevent heart attack/stroke unless doctor tells you to stop.

FOR EXTERNAL USE ONLY
If you drink alcohol, discuss the safe use of alcohol while using this medication with your healthcare professional.

Avoid contact with eyes.
AVOID PROLONGED OR EXCESSIVE EXPOSURE TO DIRECT ANGIOTENSIN-CONVERTING ENZYME INHIBITOR MEDICATION.

Salinas Valley State Prison
Dr. Mandeep Singh
Salinas Valley State Prison
P.O. Box 1020 Soledad, CA 93960-1020
CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.

AP, top - 2
ext for low 36
incl 5

35693008401
(888) 699-1640
PROD. EXP: 12/18

AHDOM, BILAL T28813
NAPROXEN 500 MG TABLET UD

KOP
#60.00
60687-0491-01

D 002 1111001L AD9RX:16809367183
1 REFILL ADMIN:01/25/2024 DISP:1/23/2024
ORDER EXP 04/24/2024
T299326117

AHP - -

Take 1 tablet by mouth 2 times a day as needed for pain for 90 days best taken with food Request Refills

If you are pregnant or of childbearing age, discuss the risks/benefits of this medication with your doctor and pharmacist.
If you drink alcohol, discuss the safe use of alcohol while using this medication with your healthcare professional.

TAKE WITH FOOD.

May cause drowsiness and dizziness. Alcohol and marijuana may intensify this effect. Use care when operating a vehicle, vessel (e.g., boat) or machinery.

Do not take aspirin products without doctor approval. Continue taking low-dose aspirin to prevent heart attack/stroke unless doctor tells you to stop.

Do not lie down for at least 10 minutes after taking this medication.

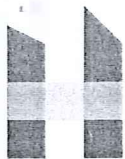
Salinas Valley State Prison
Dr. Phuc Lam
Salinas Valley State Prison
P.O. Box 1020 Soledad, CA 93960-1020
CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.



35693008401
(888) 699-1640
PROD. EXP: 11/24

Exhibit

" D "



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Institutional Level Assignment Notice

Mattress

Date: September 14, 2023

To: AHDOM, BILAL (T28813)
D 002 1111001LX
Salinas Valley State Prison
P. O. Box 1020
Soledad, CA 93960-1020

Tracking #: SVSP HC 23001028

Due Date: 11/9/2023

The Health Care Grievance Office has accepted your health care grievance for response. If you need additional information regarding your health care grievance, contact the health care grievance coordinator at your institution.

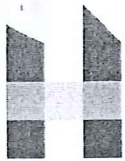
California Code of Regulations, Title 15, Section 3999.226(c), states "The grievant has the right to submit one health care grievance every 14 calendar days, unless it is accepted as an expedited grievance. The 14 calendar day period shall commence on the calendar day following the grievant's last accepted health care grievance." Health care grievances submitted in excess of these limitations may be subject to rejection per California Code of Regulations, Title 15, Section 3999.234(a)(1).

If you have additional health care needs, you are advised to utilize approved processes to access health care services in accordance with California Correctional Health Care Services policy.

Health Care Grievance Office Representative
Salinas Valley State Prison

Exhibit

" E "



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Institutional Level Assignment Notice

Date: November 20, 2023
To: AHDOM, BILAL (T28813)
D 002 1111001LX
Salinas Valley State Prison
P. O. Box 1020
Soledad, CA 93960-1020

Tracking #: SVSP HC 23001274

Due Date: 1/12/2024

The Health Care Grievance Office has accepted your health care grievance for response. If you need additional information regarding your health care grievance, contact the health care grievance coordinator at your institution.

California Code of Regulations, Title 15, Section 3999.226(c), states "The grievant has the right to submit one health care grievance every 14 calendar days, unless it is accepted as an expedited grievance. The 14 calendar day period shall commence on the calendar day following the grievant's last accepted health care grievance." Health care grievances submitted in excess of these limitations may be subject to rejection per California Code of Regulations, Title 15, Section 3999.234(a)(1).

If you have additional health care needs, you are advised to utilize approved processes to access health care services in accordance with California Correctional Health Care Services policy.

Health Care Grievance Office Representative
Salinas Valley State Prison

Exhibit

"I"

ADA/Effective Communication Patient Summary

As of: 10/12/2021 07:50

Patient Information

NAME: AHDOM, BILAL
CDCR: T28813

Disability Placement Program

Current DPP Code(s):

* DPW

DPP Verification/Accommodation Date: 05/18/21
9:15:46 PDT

Current Housing Restrictions/Accommodations:

- * No Rooftop Work/Hazardous Restriction
- * Lifting Restriction
- * Extra Time for Meals
- * Special Cuffing
- * Transport Vehicle With Lift
- * Limited Wheelchair User
- * Full time Wheelchair User
- * Inmate Attendant/ Assistant
- * Bottom Bunk
- * Ground Floor- No Stairs
- * Barrier Free Wheelchair Acces

Methods of Communication

SLI:

Primary Method:

Secondary Method:

Interview Date:

Developmental Disability Program

Current DDP Code:

Effective Date:

Adaptive Support Needs:

Testing of Adult Basic Education (TABE)

TABE Score: 12.9

TABE Date: 09/24/2004 00:00

Learning Disabilities

Learning Disabilities:

English Proficiency

LEP: No

Primary Language: English

Durable Medical Equipment

Current ISSUED DME:

- * Commode Chair Permanent
- * Eyeglass Frames Permanent
- * Mobility Impaired Disability Vest Permanent
- * Pressure Reducing Mattresses Permanent
- * Wheelchair Permanent
- * Other Permanent:wedge/pillow

MHSDS

MHLOC: GP



ADA/Effective Communication Patient Summary**As of:** 10/24/2023 13:07**Patient Information****NAME:** AHDOM, BILAL
CDCR: T28813**Disability Placement Program****Current DPP Code(s):**

* DPW

DPP Verification/Accommodation Date: 05/18/21
9:15:46 PDT**Current Housing Restrictions/Accommodations:**

- * No Rooftop Work/Hazardous Restriction
- * Lifting Restriction
- * Extra Time for Meals
- * Special Cuffing
- * Transport Vehicle With Lift
- * Limited Wheelchair User
- * Full time Wheelchair User
- * Inmate Attendant/ Assistant
- * Bottom Bunk
- * Ground Floor- No Stairs
- * Barrier Free Wheelchair Acces

Methods of Communication**SLI:****Hearing Primary:****Hearing Secondary:****Speech Primary:****Speech Secondary:****Vision Primary:****Vision Secondary:****Interview Date:****Reading Level****Reading Level:** 12.9**Reading Level Date:** 09/24/2004 00:00**Learning Disabilities****Learning Disabilities:** No**English Proficiency****LEP:** No**Primary Language:** English**Durable Medical Equipment****Current ISSUED DME:**

- * Commode Chair Permanent
- * Eyeglass Frames Permanent
- * Incontinence Supplies Permanent
- * Mobility Impaired Disability Vest Permanent
- * Wheelchair Permanent
- * Other Permanent:wedge/pillow

Dental Prosthetic:

- * Upper Denture Type: None
- * Lower Denture Type: None
- * Night Guard: Yes

Dental Prosthetic Date: 11/09/22 13:22:00 PST**MHSDS****MHLOC:** GP

Exhibit

" F "



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

CLAIMANT GRIEVANCE RECEIPT ACKNOWLEDGMENT

Offender Name: AHDOM, BILAL

CDC#: T28813

Date: 01/16/2024

Current Location: SVSP-Facility D

Current Area/Bed: D 002 1111001L

From: Office of Grievances at Salinas Valley State Prison

Re: Log # 000000506188

The California Department of Corrections and Rehabilitation Office of Grievances at Salinas Valley State Prison received your grievance on 01/16/2024. Your grievance has been assigned for review and response.

Pursuant to California Code of Regulations, title 15, the Office of Grievances will complete its review no later than 03/17/2024.

Please be informed that the Office of Grievances will not respond to any inquiries about the status of a grievance prior to the date shown above.

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

REASONABLE ACCOMMODATION REQUEST

CDCR 1824 (Rev. 09/17)

Page 1 of 1

INSTITUTION (Staff use only) <div style="text-align: center; font-size: 1.2em;">SVSP</div>	LOG NUMBER (Staff Use Only) <div style="text-align: center; font-size: 1.2em;">506188</div>	DATE RECEIVED BY STAFF: <div style="text-align: center; font-size: 1.2em;">SVSP</div> <div style="text-align: center; font-size: 0.8em;">JAN 16 2024</div> <div style="text-align: center; font-size: 0.8em;">Office of Grievance</div> <div style="text-align: center; font-size: 1.2em;">Received</div>
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****		
DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC		
INMATE'S NAME (Print) <div style="text-align: center; font-size: 1.2em;">Adam</div>	CDCR NUMBER <div style="text-align: center; font-size: 1.2em;">T8883</div>	ASSIGNMENT <div style="text-align: center; font-size: 1.2em;">Ed.</div>
HOUSING <div style="text-align: center; font-size: 1.2em;">D-11</div>		
INSTRUCTIONS: <ul style="list-style-type: none"> You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability. You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination. Submit this form to the Custody Appeals Office. The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review. The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response. If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision). 		
WHAT CAN'T YOU DO / WHAT IS THE PROBLEM? Unable to sleep more than 40 minutes due to awakening chronic back pain. After April 2023 chronic back pain examination/X-ray, my CURRENT ISSUE DME order for pressure resisting mattress was discontinued pursuant to medical policy change. Because of the removal (DME) from my U.H.R. (medical file) custody contends there's nothing in the medical records to INDICATE a need for a double mattress.		
WHY CAN'T YOU DO IT? Unable to order a pressure reducing mattress to aid in abating chronic spinal pain allowing an inability to sleep throughout the night.		
WHAT DO YOU NEED? Due to my inability to no longer possess, purchase or be provided a pressure reducing mattress (DME). I am requesting a Reasonable Accommodation in the form of a Chrono to allow me to have a double mattress, and to have the Chrono (128) entered into the record and my U.H.R.		
(Use the back of this form if more space is needed)		
DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>		
List and attach documents, if available: SEE U.H.R.		
I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.		
<div style="text-align: center; font-size: 1.2em;">[Signature]</div> INMATE'S SIGNATURE		<div style="text-align: center; font-size: 1.2em;">01/03/24</div> DATE SIGNED
Assistance in completing this form was provided by:		
Last Name	First Name	Signature

Exhibit

" G "

John Patrick Cello, M.D.
54 Lower N. Terrace
Tiburon, CA 94920

This represents my written report in the case of *Bilal Adom v. Scott Ladd, M.D.*

I am a physician licensed to practice medicine in the State of California. I received my bachelor's degree in biology, Summa Cum Laude, from Providence College in 1965. I then attended Harvard Medical School where I obtained my medical degree in 1969. From 1969 – 70, I completed an internship at Cornell-New York Hospital, following by a residency in internal medicine at Peter Bent Brigham Hospital from 1970 – 72. From 1972 – 73, I completed a research fellowship in hepatology-biochemistry at the VA Hospital in Washington, DC, and from 1975 – 77, I completed a gastroenterology fellowship at UCSF.

I have been board certified in internal medicine since 1972 with subspecialty certification in gastroenterology since 1977. From 1977 – 97, I was the Chief of Gastroenterology at San Francisco General Hospital. Since 2007, I have been the Medical Director of the Bariatric Surgery Center at UCSF. Also since 2007, I have been a Professor of Medicine and Surgery at UCSF, and I am an attending physician at both UCSF and San Francisco General Hospital. Since July 1, 2021, I have been a Professor Emeritus of Medicine and Surgery at UCSF. I have extensive experience with evaluating patients for incontinence issues, including urinary and fecal.

For more details of my qualifications, including a list of publications authored in the past 10 years, please see a true and correct copy of my curriculum vitae which is attached as Exhibit A.

My charges for serving as an expert are as follows: \$850.00 per hour for record review; \$1,075 per hour for deposition testimony; \$2,000.00 for preparation of written reports; and \$1,400 per hour for trial testimony.

It is my opinion that Scott Ladd, M.D. complied at all times with the applicable standard of care. The medical records and Scott Ladd, M.D.'s Declaration both confirm that he only saw the Plaintiff on a single visit (December 7, 2021), that he had been previously denied "incontinence supplies", and that when Dr. Ladd saw Plaintiff, there was no medical indication for incontinence supplies. After performing an evaluation of Plaintiff, including taking a medical history, there was no evidence which substantiated Plaintiff's demand for "incontinence supplies." Despite this, Dr. Ladd's decision to prescribe oxybutynin was entirely appropriate under the circumstances and complied with the standard of care.

I will also be expressing opinions on causation and damages. In this regard, it is my opinion that Plaintiff did not suffer any injury or damage as a result of Dr. Ladd's decision not to provide Plaintiff with the requested "incontinence supplies." In this regard, Plaintiff previously was seen by Dr. Faye Montegrando on September 10, 2021, and he requested "incontinence supplies" from Dr. Montegrando at that time. Dr. Montegrando determined that "incontinence supplies" were not warranted, and apparently prescribed oxybutynin as well. Thereafter, Plaintiff confirms that he did not have his "incontinence supplies" from September 10, 2021 until his visit with Dr. Ladd on

Exhibit

" H "

ROB BONTA
Attorney General of California
CHRISTOPHER H. FINDLEY
Supervising Deputy Attorney General
ERIC MIERSMA
Deputy Attorney General
State Bar No. 190819
600 West Broadway, Suite 1800
San Diego, CA 92101
P.O. Box 85266
San Diego, CA 92186-5266
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Fax: (619) 645-2061

E-mail: Eric.Miersma@doj.ca.gov
Attorneys for Defendants
R. Mojica, S. Sawyer, M. Lotersztain, M.D., F.
Montegrando, M.D., California Department of
Corrections and Rehabilitation, and M. Atchley

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

SAN FRANCISCO DIVISION

BILAL ADOM,

Plaintiff,

v.

CDCR, et al. ,

Defendants.

4:22-cv-07150-JSW

DECLARATION OF F.
MONTEGRANDE, M.D., IN SUPPORT
OF DEFENDANTS' MOTION FOR
SUMMARY JUDGMENT

Judge: The Honorable Jeffrey S. White
Trial Date: None Set
Action Filed: November 15, 2022

I, F. Montegrando, M.D., declare,

1. I am a Physician and Surgeon who at the time relevant to this lawsuit was working at Salinas Valley State Prison.

2. I examined Plaintiff Adom on September 10, 2021 after he returned from a visit to an off-site ophthalmology appointment with Dr. K. Rasheed. All inmates returning from off-site medical appointments are seen by on-site medical staff to ensure any prescriptions and treatment recommendations are provided.

1 3. Plaintiff Adom presented in a wheelchair and refused to get on the exam table for the
2 examination. With Plaintiff Adom's consent, I performed a standard extremity strength test and
3 reflex test while he was seated in his wheelchair. The strength test consists of me gently pushing
4 against the patient's extended arms and legs, one at a time, while asking the patient to resist the
5 pressure as best as they are able. The strength test does not involve any striking of the patient.

6 4. I also performed a standard leg reflex exam by gently tapping Plaintiff Adom's legs
7 beneath the patella to measure his reflexes. This test is performed with a small rubber reflex
8 hammer.

9 5. I did not perform a full body exam. I did not examine Plaintiff Adom for
10 incontinence issues, or prescribe or discontinue any incontinence supplies, because he was only
11 present for a follow-up after an off-site ophthalmology appointment. I did not document the
12 strength and reflex test because only issues related to the outside ophthalmology are required to
13 be documented.

14 6. CNA B. Rubio was present during the examination. Plaintiff Adom did not complain
15 about any pain during the exam.

16 7. I reviewed Plaintiff Adom's medical records and there is no evidence of any injury
17 caused by my examination and no evidence that he sought any medical attention for any injuries
18 he alleges were caused by my examination.

19 8. My review of Plaintiff Adom's medical records also show that his incontinence
20 supplies were discontinued in August 2021 when he was transferred from Alpha yard to Delta
21 yard. Thus, his incontinence supplies were discontinued before I saw him on September 10,
22 2021.

23 9. Dr. Rasheed continued a prescription for Latanoprost eye drops and Plaintiff Adom
24 expressed concern that this prescription had been discontinued.

25 10. I only examined Plaintiff one time, on September 10, 2021.

26 11. The medical records I reviewed indicate I was Plaintiff's Primary Care Provider on
27 October 1, 2021. However, Registered Nurse P. Guillen conducted Plaintiff's exam on October
28

1 I, 2021. I did not perform the October 1, 2021 exam and do not recall ever speaking to Plaintiff
2 about the results of that exam.

3 I declare under penalty of perjury that I have read this document, and its contents are true
4 and correct to the best of my knowledge.

5 Executed on this 26th day of September in the year 2023 in Ukiah, California.

6
7 /s/


8 F. MONTEGRANDE, M.D.

9
10
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VERIFICATION

I, Bilal Adom, declare under penalty of perjury under the laws of the State of California and the U.S.A. that the foregoing documents i.e., Opposition Motion, Motion For Appointment of Counsel, Supporting Affidavits and Exhibits are true and correct and that this declaration was executed on January 28th, 2024, at Soledad, California.



Bilal Adom

Declarant

Proof of Service

Case Name: Bilal Adam v. CDCR, et al.

No. 4:22-cv-07150-JSW

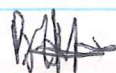
I hereby declare that I am over the age of 18 and the Plaintiff of the cause within.

I further declare that I have caused to be mailed, the foregoing documents to the below listed addresses/parties to the within cause: Opposition Motions To the Defendants Motions For Summary Judgment; Motion For Appointment of Counsel; Supporting Affidavits; Notice of Opposition Motion; Proposed Order Denying Defendants Motion, and Exhibits:

State of California
Department of Justice
Office of The Attorney General
600 W. Broadway, Suite 1800
P.O. Box 85266
San Diego, CA 92186-5266

Zenere Cowden and Stoddard APC
2005 De LaCruz Blvd., Suite 240
Santa Clara, CA 95050

I declare under penalty of perjury under the laws of the State of California and the U.S.A. the foregoing is true and correct and that this declaration was executed on January 28th, 2024, at Soledad, California.


Bilal Adam
Declarant